

## Financial Disclosure by Executive Employees 2 0 2009

Filing Form Covering Calendar Year 2008

MAINEETHICSCOMMISSION

Tables of Francisco of Sector Filing Deadline: Thursday, April 30, 2009, 5 p.m. 1998 (Filing Deadline: Thursday, April 30, 2009, 5 p.m. 1998 (Filing Deadline)

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Section 1: Name/Address/Phone
Your name:
Donald E Hoenig
Your Agency/Department/Bureau/Division:
Maine Dept. of Agriculture
Your Title:
State Veterinarian + Director, Div. of Arimal Health
Your State Agency Mailing Address:
28 SHS Augusta
Your State Agency Phone Number:
287-3701
Section 2: Statement of sources of income (as required by 5 MRSA §19 sub-\$2)
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2. Aside from employment in state government: If during 2008 you were neither separately employed by another person, firm
corporation, association or organization, <u>nor self-employed, nor had any other sources of income over \$1000 from each source check the following box and skip to question 3.</u>
2-A. If, during 2008, you were an employee of another person, firm, corporation, association, or
organization as opposed to being self-employed, fill out the following; if not, go to question 2-B:
The name of the employing entity:
Its address:
The nature of the business (its principal type of economic activity; for a law firm, the firm's major areas of
practice):

	Section 3. Gifts
List the specific source of each gift received: (For a definition of gifts, see 5 MRSA §19 sub-§1 ¶E,	attached.)
None	
Secti	on 4. Family Member Income
	ny member of your immediate family which resulted in \$1,000 or more in 2008. c partner, list his or her name. If the income received by an immediate family , also include the job title.
None	
	Section 5. Honoraria
List here the sources of any honoraria (not travel or ex (For a definition of honorarium, see 5 MRSA §19 sub- amounts over \$1000.)	penses) accepted for appearances or speeches related to your official duties. §1 ¶F, attached. Note that this involves honoraria in any amount, not just
None	
	d work on behalf of executive branch agencies agency before which you or an immediate family member has represented or
assisted others in return for compensation of any amo	unt:
None	

2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "Independent contractor' means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest income and similar non-contracted income, sources for which should be reported under question 2-C below.)
The name of your business:
Its address:
The nature of the business (your principal type of economic activity; for an attorney, your major areas of practice):
Name each source of income through self-employment that brings either:  more than \$1000; or  more than 10% of your gross income whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.)
2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.)

Section 8. Reportable liabilities
List here the name(s) of your creditors for any reportable liabilities (unsecured loans) of \$3000 or more received from a person not a relative. This does not include credit card liabilities, most educational loans, campaign contributions otherwise recorded by law, or business loans from most financial institutions. (For a definition of reportable liabilities, see 5 MRSA §19 sub-§1 ¶I-1, attached; of relatives, same, ¶I.)  None
Oath or Affirmation (Notarization)
"Do you solemnly swear (affirm) that the contents of this report are known to you and that the matters and things therein set forth are true (so help you God)?"  Signature of Executive Employee:  Date: 17 Capul 2009
Subscribed and sworn (affirmed) to before me this 17 day of April 2009.  County of Waldo Signature of Maine Notary Public: Margaret G. Webb Notary Public, State of Maine MARGARET A. WEBB NOTARY PUBLIC, STATE OF MAINE MY COMMISSION EXPIRES APRIL 17, 2012 My commission expires (date)
Seal (optional)

Section 7. Sales to executive branch agencies

List here each executive branch agency to which you or your immediate family members sold goods or services with a value in

excess of \$1000:

None

Return to:
Cyndi Phillips, Commission Assistant
Commission on Governmental Ethics and Election Practices
135 State House Station, Augusta, ME 04333-0135